

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13CV6885

TONY SHAW

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

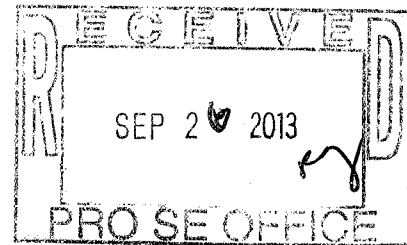
under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)1.) Dora Schriro, Commissioner of NYC (DOC).2.) Maggie Peck, Director of Constituent Services
NYC Department of Corrections.Jury Trial: ☐ Yes ☐ No3.) Captain: Blassingame, et., al. CO. Carentz,
CO. Clark, and CO. Thomas, Rikers Island (GRVC).

(check one)

4.) Rosa Lugo, Record Access Officer.5.) NYC (DOCS) Department Health Affairs Unit.6.) NYC Department of Health and Mental Hygiene.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Tony ShawID # DIN: 12A2399Current Institution GROVELAND CORRECTIONAL FACILITYAddress P.O. Box 50Sonyea, New York 14556-0050

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Dora Schriro, Commissioner: Shield # _____Where Currently Employed NYC (DOCS).Address 75-20 Astoria Boulevard
Jackson Heights, New York 11370

Defendant No. 2 Name Maggie Peck, Dir. Constituent Shield # _____
Where Currently Employed NYC (DOCS). Services.
Address 75-20 Astoria Boulevard
Jackson Heights, New York 11370
Captain Blassingame, CO. Carentz, CO. Clark, CO. Thomas,

Defendant No. 3 Name George R. Vieno Center. (GRVC). Shield # _____
Where Currently Employed Rikers Island NYC (DOCS).
Address 09-09 Hazen Street, East Elmhurst, N.Y. 11370

(Record

Defendant No. 4 Name Rosa Lugo, Access Officer). Shield # _____
Where Currently Employed NYC (DOCS) Legal Division
Address Bulova Corporate Center 75-20 Astora Boulevard
3rd Floor. East Elmhurst, New York 11370

Defendant No. 5 Name Chari Anhouse, Associate General Shield # _____
Where Currently Employed NYC(DOC) Dept of Counsel.
Address 42-09 28th, St.(CN31) Health and Mental Hygiene.
Long Island City, New York 11101

Defendant No.6 Department's Health Affairs Unit. (Address Unknown)

II. Statement of Claim: Also, NYC (DOC) 1741 Hazen St. NY, NY. 11370

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
George R. Vieno Center (GRVC) Annex 15-B. Side (38-Upper/cell)

B. Where in the institution did the events giving rise to your claim(s) occur?
(GRVC) Facility (38-Upper/cell). (Clinic/sick call and Messhall
worker/job/duty

C. What date and approximate time did the events giving rise to your claim(s) occur?
November 26, 2011. About 11: 35 AM. Also, on 11/27/11. 11/28/11.
12:00 PM 3:00 PM. December 05th, 2011. 12/13/11. 09:50:00
12/15/11. 16:43:00 Also, see Final Result Report 12/15/11.
(GRVC) Grievance Dates: 5/10/2012; 02/06/12. 16:39:00
Patient Complaint/Request Form Date: 3/02/12.-5:00PM.
The Legal Aid Society.(Staff Attorney) Dale Wilker, 4/11/2012
And: 5/18/12.

D. Facts. On November 26, 2011. The plaintiff, had reported sickness, ailment of weakness and excruciating pains in the throat and trouble, problems having to do with swallowing and eating/digesting saliva; cold liquids and solid foods. During Breakfast/Lunch-Chow hours.

What happened to you?

Who did what?

The plaintiff, further alleges that he informed Housing Unit Officer. In (GRVC) Annex 15-B. Side while requesting "Emergency" SICK-CALL. The plaintiff, repeatedly went to (GRVC) Clinic. Feeling extreme/mild discomfort and pains of the throat, chest and stomach cramps along with dehydration/thirst. Being "Denied" and "Turned Away" By clinic, CO

Was anyone else involved?

Not to my knowledge, although there were other inmates in sick-call. Who stated and claimed nearby plaintiff they had similar symptoms. While plaintiff (Tony Shaw), Vomited; throne up six half hours waiting inside bullpen cell and without "NO WATER" for over three in half hrs.

Who else saw what happened?

While in a small crowded holding cell. Medical Nurse/staff; Social Services Counselor Ms. Williams, Plaintiff showed very bad, poor signals in face and body per Psychiatrist and Therapist. (GRVC) Clinic Personnel.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. The plaintiff, contracted HELICOBACTER ANTIBODY. H. PYLORI Ab., IgA High Count Level 1.25 0.99 POSITIVE. The plaintiff, later on received two or more in a half weeks of "Antibiotics". The plaintiff, further alleges having bloating, nausea, and constantly blurry vision headaches/dizziness as well as having blood in plaintiff stool.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No

when and how, and their response, if any: Aprill; and May 2012. The plaintiff, (Tony Shaw), attempted on numerous occasions to further explain and show staff Medical Document in (GRVC) Lab/Test Results for H.PYLORI, AILMENT DATED ON 12/05/2011. Because of Unhealthy and Unlooked at "Sytemic Deplorable Deficiency and Living Conditions"

- G. Plaintiff, claim was totally disregarded and ignored, void by remedies. The plaintiff, filed (NOTICE OF CLAIM AND AFFIDAVIT OF SERVICE) Notarized on date of January 31, 2012. Received Claim No. 2012PI00884 Enclosed is an e-mail letter from the legal aid society (Staff Attorney) To support plaintiffs medical complaint problems regarding ailment. Mr. Gary R. Sunden, Esq. 18-B (Attorney at Law). for the plaintiff.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Compensatory, Nonimal, and Punitive Damages in the amount of \$ 5,000.000.00 (Five Million Dollars).

The Plaintiff, was infected with the virus/disease of (H.PYLORI) A HIGH COUNT LEVEL 1.25 POSITIVE. The Physical injury's are as follows: The plaintiff, is overly concerned that the virus/disease will come back and I have to deal with the whole senario all over again.

Because the plaintiff, did not arrived, come to (GRVC) with such said ailment nor did the plaintiff ever had in his past "NO" Medical Condition and is living at present time of incarceration really afraid that this problem may return in the future. Also, during my confinement at Groveland Correctional Facility. I was informed by Medical staff, that had "NOT" the plaintiff, sought Medical Attention I would have died. The plaintiff, has Toxicogenic Bacterial Gastro-enteritis, which is a Intestinal Injury combined with Upper Respira-tory infection. In addition to physical injury I suffered emotional trauma, anguish, distress and pain. Etc.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of September, 2013.

Signature of Plaintiff TONY SHAW
Inmate Number DIN: 12A2399
Institution Address GROVELAND CORRECTIONAL FACILITY
P.O. BOX 50
~~SONYEA, NEW YORK 14556-0050~~

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of September, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



Tony Shaw DIN: 12A2399
Groveland Corr., Fac.
P.O. Box 50
Sonyea, N.Y. 14556

Date: 9/23/2013

CLERK
United States District Court
Southern District of New York
CourtHouse-500 Pearl Street Room No. 230
New York, New York 10007

RE: Note: See Copies "Exhibits" to this medical complaint.


Dear Sirs or Madam:

I am writing you this regarding your letter on 9/13/13. The papers that your PRO SE Intake Office mailed to me was for and marked (X) Other: Mr. Shaw, you are unable to process my document dated on 9/9/13. Therefore, I have filed an Amended-Complaint.

In conclusion, I am enclosing some copies to be used as my "Exhibits". Also, I do have more pertaining documents to add to my Amended Complaint. However, at this time the Law-Library copy Machine is presently out of order and will be fixed or repaired possibly sooner or later.

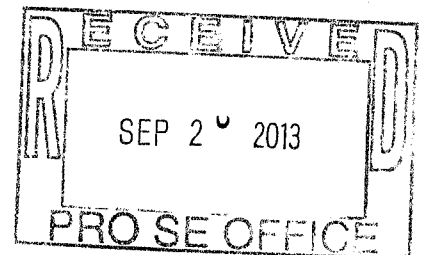
Thank you for your time and attention in this matter.
Have a great day as well.

Sincerely,


Tony Shaw

Cc: File

#15 Copies
Enclosed:



Tony Shaw, #349-11-06308
09-09 Hazen, St. GRVC
East Elmhurst, N.Y. 11370

Dora Schriro, Commissioner
NYC Department Of Corrections
75-20 Astoria Boulevard
Jacksnn Heights, N.Y. 11370

January 17, 2012

Dear Ms. Schriro;

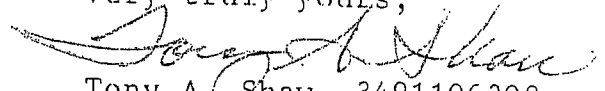
Prior to my arrival at the G.R.V.C. Facility on Rikers Island. My labwork including all bloodwork, Hepatitis, T.B. and H.I.V. testing and all other medical exams indicated no signs of my present condition H.Pylori, which I had contracted after my arrival at this facility.

After my Diagnosis; I am currently being treated for Diarrhea, Difficulty in swallowing, Stomach cramps, Nausea, Constant dehydration and Cold sweating during bed time hours.

This has caused me a great deal of phsical and emotional problems. such as tramatic and anxiety because of the unhealthy and unlooked at conditions in this facility, which also brought on pain and suffering.

I truly like to hear from you about this matter at your earliest convience!

Very truly yours;


Tony A. Shaw, 3491106308

cc/file M. Peck



NEW YORK CITY DEPARTMENT OF CORRECTION
Dora B. Schiro, Commissioner
Office of the Commissioner

75-20 Astoria Blvd
East Elmhurst, NY 11370

January 30, 2012

Tony Shaw (349-11-06308)
George R. Vierno Center
09-9 Hazen Street
East Elmhurst, NY 11370

Dear Mr. Shaw:

The New York City Department of Correction received your letter dated January 17, 2012.

Please be advised that the issues described in your letter have been forwarded to the Department's Health Affairs Unit for direct action and response.

Thank you for contacting the Department of Correction.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maggie Peck".

Maggie Peck
Director of Constituent Services

To: Rosa Lugo, Record Access Officer
NYC Dept. OF Corrections
15-20 Astoria, Blvd.
East Elmhurst, N.Y. 11370

From: Tony Shaw
DIN: 12A2399

Mid-State Correctional Facility
P.O. Box 2500
Marcy, New York 13403-2500

Date: July 31, 2012

Re: Freedom of Information Law Request

Records Officer:

PLEASE TAKE NOTICE, that pursuant to Article 6 of the New York Public Officers Law, Section 84 et seq., a request is hereby made to produce the following records for inspection and/or copying:

I would like the water testing reports.
Because I became sick from ingested contaminated water.
How many people contracted H. Pylori, in
the last 10 to 15 years while on Rikers -
Island.

Pursuant to Article 6 of the Public Officers Law, Section 89 (3), you have five business days from the receipt of this request to comply or respond in writing, setting forth a date when the requestor may expect receipt of the requested records. Failure to timely comply or respond will be deemed a denial of this request.

If there are any charging fees or cost for copying, please inform the requestor of the amount of pages and cost for each page.

If for any reason any part of this request is denied, please inform the requestor in writing the reason(s) for the denial, and to whom and where an appeal should be sent.

Very Truly Yours,

NYC DEPT OF CORRECTIONS
15-20 ASTORIA BLVD
EAST ELMHURST, NY 11370
LEGAL DIVISION
-6 AUG 2012 12 02



NEW YORK CITY DEPARTMENT OF CORRECTION
Dr. Dora Schriro, Commissioner
Nadene M. Pinnock, Deputy General Counsel
Legal Division
Bulova Corporate Center
75-20 Astoria Boulevard, 3rd Floor
East Elmhurst, NY 11370
(This writer's tele.no.) 718-546-0952
Fax 718-278-6001

August 9, 2012


Mr. Tony Shaw # 12A2399
Mid-State Correctional Facility
PO Box 2500
Marcy, NY 13403

Re: FOIL Request

Dear Mr. Shaw:

This letter is to acknowledge the record request you submitted to the New York City Department of Correction (copy enclosed). The Department expects to notify you within twenty (20) business days of this letter whether it will grant or deny your request either in whole or in part, pursuant to the New York State Public Officers Law, Section 89(3).

Yours truly,

Rosa hugo 
Rosa Lugo
Records Access Officer

Enclosure



SHAW, TONY

45 Y old Male, DOB: 05/20/1965

HOMELESS, 936, NY, NY 10036

Provider: Kerrison, David, MD

Telephone
Encounter

Answered by eclinicalworks, support (PROD)

Date: 04/23/2011

Time: 04:20 PM

Reason Transfer Chart Review

Action Taken Craig,Reginale , RN 4/24/2011 3:36:07 AM > Kerrison,David , MD 4/24/2011 6:51:17 AM >

Reason for Appointment

1. Transfer Chart Review

History of Present Illness

TEMPLATES:

Transfer Chart Review.

Patient Chart Reviews:

Patient Labs Review (Completed by: NURSING)

Intake History and Physical Documented: Yes /,

RPR Date: 04/18/2011,

RPR Results: Negative /,

PPD Reading Date: 04/20/2011,

PPD Results: Negative /,

CXR Results: Not Indicated /,

Priority Review Required: No /,

Reason Priority Chart Required: /,

Patient Status Review (Completed by: MEDICAL)

Consults re-written (If past due or missing)? No Consults /,

Dietary Consult Written: No /,

Mental Health Follow-up: Not Indicated /,

Patient called to clinic? Not Indicated /,

OK for Food Handler's Certificate? Yes /,

Chronic Care issues added to PL? No Active Problems /,

Other Active problems added? Yes /Obesity - 5/17/11,

Necessary Labs and Xrays Scheduled? N/A /,

Were Allergies Added? Yes /Allergy to penicillins,

List Medications re-written? No Meds /,

HIV Status is updated on the CHS Tab and Problem List: Yes /Rapid HIV test was negative on 4/18/11,

Patient: SHAW, TONY DOB: 05/20/1965 Provider: Kerrison, David, MD 04/23/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Current Medications

None

Past Medical History

Chickenpox

Allergies

pcn

Patient: SHAW, TONY DOB: 05/20/1965 Provider: Kerrison, David, MD 04/23/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**SHAW, TONY**

NYSID: 04781520Y BookCase: 3491106308
 Facility Code: GRVC Housing Area: 8B
 45 Y old Male, DOB: 05/20/1965
 HOMELESS, 936, NY, NY-10036
 Insurance: Self Pay

05/10/2011

Progress Notes: Dawnette Henry-Davis, RN

Current Medications

Multivitamins Tablet 1 1 tab Daily, stop date 06/01/2011
 Clindamycin HCl Capsule 150 MG 2 caps Three Times a Day, stop date 05/12/2011
 Remeron Tablet 30 mg 1 tab At Bedtime, stop date 05/13/2011
 Risperidone Tablet 2 MG 1 tab At Bedtime, stop date 05/13/2011
 Clotrimazole Solution 1 % apply Twice a Day, stop date 07/09/2011
 Miconazole Nitrate Cream 2 % apply Twice a week, stop date 07/09/2011

Past Medical History

Chickenpox

Allergies

pcn: hives: Allergy

Reason for Appointment

1. Aftercare Letter

History of Present IllnessTEMPLATES:**AfterCare Letter.**STATUS OF SERVICES:

Status of services

MEDICATION:

Medication

MEANS OF RELEASE:

Means of release

SERVICES SECURED PRIOR TO RELEASE:

Services secured prior to release

COMMUNITY TREATMENT PROVIDER(S):

Community treatment provider(s)

ASSESSMENT:

Assessment

Past OrdersPPD (Collection Date - 04/18/2011)

Result: Normal/Negative/Non-Reactive

PPD(in mm) 00mm

Notes: Carberry, Marion , RN 4/18/2011

11:40:39 AM > Louis, Carline , RN 4/20/2011

8:34:48 AM > ppd read 00mm by davis lpn

RPR SEROLOGY (Collection Date - 04/18/2011)

Result: Normal/Negative/Non-Reactive

RPR SEROLOGY NON-REACT NON-REACTIVE - N

Notes: Carberry, Marion , RN 4/18/2011

11:38:17 AM > Bosworth, John 4/19/2011 5:38:21

AM >

ExaminationPATIENT SIGNATURE:

NAME, DATE AND

Patient: SHAW, TONY DOB: 05/20/1965 Progress Note: Dawnette Henry-Davis, RN 05/10/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson
Chief, Bureau of Law and
Adjustment

015 - 151

John C. Liu
COMPTROLLER

Date: 01/23/2012
Claim No: 2012PI001884
RE: Acknowledgment of Claim

TONY SHAW 349-11-06308
09-09 HAZEN ST
EAST ELMHURST, NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson



Prisoners' Rights Project
199 Water Street
New York, NY 10038
T (212) 577-3530
F (212) 509-8433
www.legal-aid.org

Blaine (Fin) V. Fogg
President

Steven Banks
Attorney-in-Chief

Adriene L. Holder
Attorney-in-Charge
Civil Practice

John Boston
Project Director
Prisoners' Rights Project

April 11, 2012


Mr. Tony Shaw
349-11-06308
GRVC
09-09 Hazen Street
Rikers Island
East Elmhurst, NY 11370

Dear Mr. Shaw:

Enclosed is an e-mail letter that we have sent on your behalf to the Department of Health, its medical contractor, Prison Health Services, Inc., Department of Correction and Board of Correction officials after receiving your ~~and~~'s recent complaint about your health problems.

Please let us know whether or not you receive the medical services that we have requested for you.

Sincerely yours,



DALE A. WILKER
Staff Attorney

DAW:ds

Wilker, Dale

From: Wilker, Dale
Sent: Wednesday, April 11, 2012 5:26 PM
To: Dr. Jay Cowan; Dr. Homer Venters
Cc: 'Amanda.Raad@ropesgray.com'; Amanda Parsons; Donald Doherty; Dr. Carl J. Keldie; Dr. Luis Cintron; Dr. R. Macdonald; George Axelrod; Nancy Arias RN; Patricia Morgese; Vivienne McDonald; capotler@boc.nyc.gov; karmstead@boc.nyc.gov; rtwolf@boc.nyc.gov; Tonya (BOC) Glover
Subject: Tony Shaw 349-11-06308 GRVC
Attachments: Picture (Metafile)



The Prisoners' Rights Project has been contacted by Mr. Shaw who reports through his attorney that he has had trouble swallowing and stomach cramps. He says that he has a high 1.25 level count of H.Pylori.

Would you please have him seen as soon as possible and provided with any appropriate and necessary treatment?

Thank you for your attention to these matters. Please let us know your actions taken to address his medical treatment needs.

Dale A. Wilker

Staff Attorney
The Legal Aid Society
Civil Practice / Prisoners' Rights Project
199 Water Street, Room 6039
New York, New York 10038
tel: 212-577-3530 ext. 3943
fax: 212-509-8433
email: dwilker@legal-aid.org

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Blaine (Fin) V. Fogg
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Steven Banks
Attorney-in-Chief

Adriene L. Holder
Attorney-in-Charge
Civil Practice

John Boston
Project Director
Prisoners' Rights Project

May 18, 2012

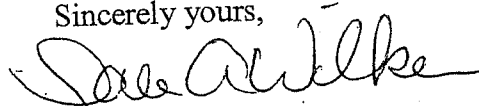
Mr. Tony Shaw
349-11-06308
GRVC
09-09 Hazen Street
Rikers Island
East Elmhurst, NY 11370

Dear Mr. Shaw:

Enclosed is an e-mail letter that we have sent on your behalf to the Department of Health, its medical contractor, Prison Health Services, Inc., Department of Correction and Board of Correction officials after receiving your recent complaint about your health problems.

Please let us know whether or not you receive the medical services that we have requested for you.

Sincerely yours,



DALE A. WILKER
Staff Attorney

DAW:ds

Wilker, Dale

From: Wilker, Dale
Sent: Friday, May 18, 2012 2:38 PM
To: Dr. Jay Cowan; Dr. Homer Venters; 'Erik Berliner'
Cc: Amanda Parsons; Donald Doherty; Dr. Carl J. Keldie; Dr. Luis Cintron; Dr. R. Macdonald; George Axelrod; Nancy Arias RN; Patricia Morgese; Pinney, Becky; Vivienne McDonald; capotler@boc.nyc.gov; karmstead@boc.nyc.gov; rtwolf@boc.nyc.gov; Tonya (BOC) Glover
Subject: TONY SHAW 349-11-06308 GRVC 19 Bldg
Attachments: Picture (Metafile)



The Prisoners' Rights Project has been contacted by Mr. Shaw who reports that he was "turned back" from sick call yesterday when he tried to get treatment for chest and stomach pains.

He also reports that PHS has not honored a prescription that was written by the dermatologist to treat eczema, psoriasis and a skin rash.

Would you please have him seen as soon as possible and provided with any appropriate and necessary treatment?

Thank you for your attention to these matters. Please let us know your actions taken to address his medical treatment needs, as well as your findings and any actions taken to resolve his complaints about inadequate care and treatment.

Dale A. Wilker

Staff Attorney
The Legal Aid Society
Civil Practice / Prisoners' Rights Project
199 Water Street, Room 6039
New York, New York 10038
tel: 212-577-3530 ext. 3943
fax: 212-509-8433
email: dwilker@legal-aid.org

This email is covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521 and is legally privileged. The information contained in this email is intended only for use of the individual or entity named above. If the reader of this message is not the intended recipient, then please destroy the email after advising by reply that you erroneously received this communication and that it has been destroyed and permanently deleted from all of your email servers and work stations. The receipt by anyone other than the intended recipient does not waive the attorney-client privilege; neither will it constitute a waiver of the work-product doctrine. Please take note that: (1) e mail communication is not a secure method of communication; (2) any e mail that is sent to you or by you may be copied and held by any or all computers through which it passes as it is transmitted; and (3) persons not participating in our communications may intercept our communications by improperly accessing either of our computers or another computer unconnected to either of us through which email is passed.

G.R.V.C. Correctional Facility

I.G.R.C.

Date: 5/10/2012

From: Tony Shaw, B/C #349-11-06308

Housing unit: Bldg #19-44 cell

I went to sick call on the above date with sharp pains in my chest and stomach cramps. When I finally got to the G.R.V.C. Clinic about 7:30 Am the two Correction Officers C.O. Carentz and C.O. Thomas, told me to go back to my housing unit and to come back tomorrow.

Prior to my medical emergency for my situation I had informed Captain Blassingame and my housing unit C.O. that I was sick and did signed to go to sick call on 5/9/2012.

I only wanted to be checked out for my medical illness.

Tony Shaw

May 10th, 2012

FINAL RESULT

George R. Vierno Center
09-09 Hazen Street
East Elmhurst, NY 11370
718-546-2107

PHYSICIAN INFORMATION

Requesting: Mallavarapu, Raja
Ordering: Mallavarapu, Raja

PATIENT INFORMATION

Name: SHAW, TONY
DOB: 05/20/1965
Housing Facility: George R. Vierno Center
Sex: male
Tel:

REPORT DETAILS

Name: **HELICOBACTER ANTIBODY**
(G,A,M)
Accession ID: 105839153
Lab Ref Id: 105839153

REPORT DATES

Order: 12/05/2011
Collection: 12/13/2011 09:50:00
Report: 12/15/2011 16:43:00
Result: 12/15/2011 16:39:00

NAME	VALUE	REF RANGE
H.PYLORI Ab.,IgG	0.70	See Below

- H.PYLORI (IgG, IgA, IgM) REFERENCE RANGES

RESULT (UNITS)	INTERPRETATION
<0.89	NEGATIVE
0.89-0.99	EQUIVOCAL
>0.99	POSITIVE

- NOTE: This is a screening test for H.PYLORI. The diagnosis of gastritis and peptic ulcers should be assessed with the patients medical history and clinical symptoms. Results in the equivocal range should be rechecked with a new specimen in 2-5 weeks.

- **H.Pylori, IgM is for research use only. This assay is not for use in diagnostic procedures.

H.PYLORI Ab.,IgA	1.25
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H See Below

- H.PYLORI (IgG, IgA, IgM) REFERENCE RANGES

RESULT (UNITS)	INTERPRETATION
<0.89	NEGATIVE
0.89-0.99	EQUIVOCAL
>0.99	POSITIVE

- NOTE: This is a screening test for H.PYLORI. The diagnosis of gastritis and peptic ulcers should be assessed with the patients medical history and clinical symptoms. Results in the equivocal range should be rechecked with a new specimen in 2-5 weeks.

- **H.Pylori, IgM is for research use only. This assay is not for use in diagnostic procedures.

Patient: SHAW, TONY DOB: 05/20/1965

H.PYLORI Ab.,IgM

0.61

See Below

- H.PYLORI (IgG, IgA, IgM) REFERENCE RANGES

RESULT (UNITS)	INTERPRETATION
<0.89	NEGATIVE
0.89-0.99	EQUIVOCAL
>0.99	POSITIVE

- NOTE: This is a screening test for H.PYLORI. The diagnosis of
- gastritis and peptic ulcers should be assessed with the
- patients medical history and clinical symptoms. Results
- in the equivocal range should be rechecked with a new
- specimen in 2-5 weeks.
- **H.Pylori,IgM is for research use only. This assay is
- not for use in diagnostic procedures.

Patient: SHAW, TONY DOB: 05/20/1965

TONY SHAW #12-A-2399

Groveland Correctional Facility

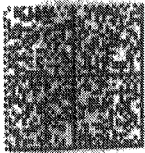
P.O. Box 50

Sonyea, NY 14556

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GROVELAND CORRECTIONAL FACILITY



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09/24/2013

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Southern District of New York
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New York, N.Y. 10007

